FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6012173 06/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **WESTCHESTER HEALTH & REHABILITATION** WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Annual health with Complaint# 1994083/IL112810 Statement of Licensure Violations \$9999 Final Observations S9999 Licensure 1 of 3 300.610a) 300.1210b)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each Attachment A resident to meet the total nursing and personal care needs of the resident. Restorative measures Statement of Licensure Violations

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

shall include, at a minimum, the following

Electronically Signed

TITLE

(X6) DATE 07/19/19

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6012173 06/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **WESTCHESTER HEALTH & REHABILITATION** WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 procedures: All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that staff follow facility protocol while providing incontinence care and failed to ensure staff provide toileting assistance at the time of request. This deficient practice affected one resident (R49) of three residents reviewed for urinary tract infections in the sample of 75. This failure caused R49 to be diagnosed with urinary tract infections with Escherichia coli (E. coli) and Proteus Mirabilis organisms which required the use of intravenous antibiotics. Findings include: R49's Admission Record documents an admission date of 8/22/18. R49's MDS (Minimum Data Set), a comprehensive assessment tool that is used by the facility, documented on 8/29/18 that R49 was continent of urine. R49's MDS dated 2/14/19 documented that R49 had frequent incontinence episodes but had at

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in the bathroom. V30 wiped R49 four times from back to front using an incontinence wipe. On the 4th wipe, there were still brown streaks on the wipe. V30 did not wipe R49's buttock area again. Instead, V30 looked in between the front of R49's legs and wiped from back to front. V30 has been an employee of the facility for the past 16 years (hire date 12/2/2002) and according to V30, R49 is one of the residents in her regularly assigned group.

On 6/24/19 at 1:52pm, V31 stated " (R49) ends up trying to get up. So I had to tell her those things so she wouldn't get up. Basically, I was trying to buy time for the aid to get to her and

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ordered to be given for seven days.

On 06/26/19 at 11:10am, V36 (Physician) stated, "E-coli comes from when stool is introduced into the urinary tract or urethra. If a female resident is wiped from back to front, this can push poop into urinary tract and can cause Proteus Mirabilis and E. Coli. Proteus mirabilis and E coli are two

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resident. Illinois Department of Public Health

administered.

seven-day-a-week basis:

1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a

Section 300.3240 Abuse and Neglect

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8 out of 10 on a pain scale of 10 (with Zero being no pain and ten being the worse possible pain). When asked the location of her pain, R486 stated, she feels pain in her right arm (history of fracture), back, and legs. R486 stated, "the only other medication I have ordered for pain is Acetaminophen, but it doesn't help."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6012173	B. WING		06/26/2019	
	PROVIDER OR SUPPLIER HESTER HEALTH & R	EHABILITATION 2901 SOU	DRESS, CITY, S' TH WOLF RO ESTER, IL 60			
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\$9999	Nurse) was asked medication. V3 stat ran out and had to R486's prescription R486's physician to received Tramadol verified R486 is soft every four hours for stated medications before they run out available in the facistated no. On 6/23/19 at 12:10 continued to feel sepain score remained she feels down to descheduled pain medication medication. On 6/24/19 at 10:50 Nurse), stated Transport facility and administive 12:30 am. V4 states scheduled doses for total, R486 went clamissed doses of the all the while experies out of 10 on a paramadol for pain of stated, with Tramamanaged/controlles.	4 am, V3 (Licensed Practical to pull R486's Tramadol pain ted, R486's pain medication be re-ordered. V3 stated, a was faxed this morning to o sign. V3 stated R486 last on 6/22/19 at 8 am. V3 heduled to receive Tramadol r pain on a routine basis. V3 should be reordered 3 days. When asked if Tramadol was ility's convenience box V3 O pm R486 stated she evere pain. R486 stated hered at 8 out of 10. R486 stated ay due to not receiving heredication and stated she would her pain was under control. O am V4 (Licensed Practical madol was delivered to the stered to R486 on 6/24/19 at ed., R486 received the pain was ordered. All ose to 41 (40.5) hours with 8 are scheduled pain medication, encing consistent pain levels of thin scale of 10. O am, R486 stated, she takes on a regular bases. R486	S9999			
	her pain and how it couple days R486 and die on Sunday	t has affected her over the past stated, "I wanted to lay down (6/22/19). I'm a very on, but because of this pain it's				

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WESTCHESTER HEALTH & REHABILITATION

2901 SOUTH WOLF ROAD

WESTCHESTER HEALTH & REHABILITATION WESTCHESTER, IL 60154								
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S9999	Continued From page 8	S9999						
	difficult for me to get around. The pain has slowed me down. My daily routines (hygiene and grooming, getting dressed, transferring into wheelchair, etc.) have taken me longer than usual. R486 stated her son came on Sunday and she was crabby with him due to her pain. R486 stated it was not the first time the facility has run out of her medication.							
	On 6/25/19 at 12:03 pm V2 (Interim Director of Nursing) stated, medications should be reordered 7 days before running out. V2 stated she does not know why it took so long to reorder R486's Tramadol because the order is active and not expired. V2 stated she would assume Tylenol is not supplemental to Tramadol.							
	On 6/26/19 at 12:04 pm, V35 (R458's physician) stated in V35's medical professional opinion, V35 would only order Tramadol every 4 hours rather than PRN (as needed) if the resident had constant pain. V35 stated, if Tramadol is ordered every 4 hours and the resident doesn't receive it than the resident will obviously be in pain. V35 stated R458 should have gotten the medication as ordered.							
	R486's pain care plan dated 9/11/17 documents R486 "has potential for generalized pain and pain in right shoulder." The care plan documents intervention: "Administer pain medication as ordered. Anticipate the resident's need for pain relief and respond immediately to any complaint of pain."							
	R486's medication administration record for June 2019 documents: Tramadol HCL Tablet 50 mg not given on: 6/22/19 at 12 pm, 6/22/19 at 4 pm, 6/22/19 at 8 pm, 6/23/19 at 12 am, 6/23/19 at 4 am, 6/23/19 at 8 am, 6/23/19 at 12 pm and							

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Findings include:

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6012173 06/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **WESTCHESTER HEALTH & REHABILITATION** WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 10 S9999 Based on interview and record review, the facility failed to ensure the acting administrator have an active Administrator's license before performing the role of Administrator On 6/25/19 at 2:58 PM, The facility's Administrator (V1) was asked to provide the survey team with a copy of her license for review. V1 stated that she had applied for a temperary license in May of 2019, but had not receieved the license at present. V1 stated, she became the facility's full-time acting Administrator on May 10, 2019. V1 stated, she was informed by the facility's corporate Vice President it was ok to perform as the acting Administrator as long as her license was applied for and pending. According to the facility's corporate Job description for an Administrator (rev 1/29/03) the entry qualifications for an Administrator include but are not limited the following: - "Has valid Administrator's license issued by the State's governing Board" (C)

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